

Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**510 EAST 12TH, SUITE 1A****DES MOINES, IA 50319****Fax: (515)281-4073****www.iowa.gov/ethics**

Reset Form

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB

Gift or Bequest information received
by a department or accepted by the
Governor on behalf of the state

For office use only

Indexed _____

Audited _____

Checked _____

Computer _____

2011 JUN 29 11:55

IOWA ETHICS AND

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:**Mt. Pleasant Mental Health Institute**Name of Department or Office
1200 E. Washington St.

Mt. Pleasant, IA 52641

Mailing Address
319-385-9511

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**Ron Mullen**Name
Same

Same

Mailing Address (if different from above)

City, State, Zip (if different from above)

Ron.Mullen@iowa.gov

same

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Name

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

June, 2011**\$415.00**

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by
receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof.

For Patient Use.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, _____ affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Date

Mt. Pleasant Mental Health

Jun-11

Date	Name	Address	Reason	Amount
6/1/2011	Muscatine Cty American legion Auxillary		Veternan Dinner	\$250.00
6/1/2011	Muscatine Cty American legion Auxillary		Cash	\$20.00
6/7/2011	Muscatine Cty American legion Auxillary		Cash	\$10.00
6/23/2011	Debbie Smith	5324 Northwest 90th Ct., Johnston, IA 50131	clothes/ DVD play	\$135.00
Total Amount :				\$ 415.00

2011 JUN 29 AM 11:55

JAETHICS.MD

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
 DES MOINES, IA 50319
 Fax: (515)281-3701
www.iowa.gov/ethics

**FORM-GBG**

Gift, Bequest, or Grant information
 received by a department or
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2011 JUN 23 PM 3:01

Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

State Training School	
Name of Department or Office 3211 Edgington Ave.	Eldora, IA, 50627
Mailing Address 641-572-3401	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Kristin Hagedorn	
Name 3211 Edgington Ave.	Eldora, IA, 50627
Mailing Address (if different from above) khagedo@ihs.state.ia.us	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Ivester Church of the Brethren, c/o Ms. Alice Draper	
Name 32668 232nd St.	Eldora, IA 50627
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

6/23/2011	\$ 141.00
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof.

food & gifts for a student birthday party

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Kristin Hagedorn affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Kristin Hagedorn
 Signature

6/23/11
 Date

Revised 08/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:**State Training School**

Name of Department or Office
 3211 Edgington Ave.

Eldora, IA, 50627

Mailing Address
 641-538-5402

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**Kristin Hagedorn**

Name
 3211 Edgington Ave.

Eldora, IA, 50627

Mailing Address (if different from above)
 khagedo@des.state.ia.us

City, State, Zip (if different from above)

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:**Ivester Church of the Brethren, c/o Ms. Alice Draper**

Name

32668 232nd St.

Eldora, IA 50627

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

6/23/2011

\$ 141.00

Date of Gift, Bequest, or Grant

Amount/Value*

*value is defined as "fair market value" of item as determined by
 receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof:

food & gifts for a student birthday party

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Kristin Hagedorn affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Kristin Hagedorn
 Signature

6/23/11
 Date

Revised 06/05

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

State Training School	
Name of Department or Office 3211 Edginton Ave.	Eldora, IA, 50627
Mailing Address 641-538-5402	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Kristin Hagedon	
Name 3211 Edginton Ave.	Eldora, IA, 50627
Mailing Address (if different from above) khagedo@dhs.state.ia.us	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Mr. David Fritz	
Name	
111 E. 3rd St, Ste 710	Davenport, IA 52801
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

6/7/2011	\$ 50.00
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof:

donation of 40 used golf clubs for the STS P.E. Department

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Kristin Hagedon affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Kristin Hagedon
 Signature

7/6/11
 Date

Revised 08/05

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

State Training School	
Name of Department or Office 3211 Edgington Ave.	Eldora, IA, 50627
Mailing Address 641-858-5402	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Kristin Hagedorn	
Name 3211 Edgington Ave.	Eldora, IA, 50627
Mailing Address (if different from above) khagedo@dhs.state.ia.us	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Pat Fuchs	
Name	
1014 9th Ave.	Eldora, IA 50627
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

6/30/11	\$ 20.00
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof:

cash donation to be used towards State Training School RIF program.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Kristin Hagedorn affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Kristin Hagedorn
 Signature

7/6/11
 Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

State Training School	
Name of Department or Office 3211 Edgington Ave.	Eldora, IA, 50627
Mailing Address 641-538-3402	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Kristin Hagedon	
Name 3211 Edgington Ave.	Eldora, IA, 50627
Mailing Address (if different from above) khagedon@ihs.state.ia.us	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Pat Fuchs	
Name	
1014 9th Ave.	Eldora, IA 50627
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

6/30/11	\$ 20.00
Date of Gift, Bequest, or Grant	Amount/Value*
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Provide a description of the gift, bequest, or grant and purpose thereof.

cash donation to be used towards State Training School RIF program.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Kristin Hagedon affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

 Signature

 Date